

KUH-00155024 IP-00060413  
Mrs HAJERA TARANUM  
04-07-1991 34 Y 11 M 15 D (F)  
Dr. KAPPAGANTULA APARNA

**ACTIVITY**

Name: -----



UHID No : ----- IP No : ----- Consultant : ----- Dept : -----

Date of Admission : 19/6/26 Time : 4:31 PM Date of Discharge : ----- Time: -----

Room / Bed No : ----- Ward : L1W Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
20/6/26	8:35 AM	L1W	OT	<i>[Signature]</i>
20/6/26	9:50 AM	OT	micu	<i>[Signature]</i>
20/6/26	12:30 PM	L1W	2nd Floor	<i>[Signature]</i>

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Dr. Kiran Mankar	22.06.2026	3093141	<i>[Signature]</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
19/6/26	iv placement	①		
20/6/26	cathetrisation	①	3092652	[Signature]
20/6/26	PAC	①	3092652	[Signature]
<del>crossed checked by [Signature] 20/6/26 at 7:50pm</del>				

**ANY OTHER INFORMATION**

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.....

.....

Date: 22/6/2026

Time: 8am

Prepared By: [Signature]

<p>Staff Nurse</p> <p>[Signature]</p>	<p>Shift / Ward</p> <p>[Signature]</p> <p>22.6.26</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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KUH-00155024 IP-00060413  
Mrs HAJERA TARANNUM  
04-07-1991 34 Y 11 M 16 D (F)  
Dr. KAPPAGANTULA APARNA

Rainbow  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## SURGERY DETAILS

Date : 20/6/26

Patient Name: Mrs. Hajera Tarannum Date of Birth: 04-7-1991 Age: 34yrs

Gender: Female Ward : OT UHID No.: 155024

Date of Surgery: 20/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Elective LSCS w/SA

Time in : 8:40 Am

Time Out : 9:40 Am

	NAME	AMOUNT
1. Surgeon	Dr. Kappaganitula Aparna	OT Charges
2. Anaesthetist	Dr. Vineetha	
3. Assistant Surgeon	Dr. Ashwini	
4. OT Technician	Sr. Vaishnavi / Sr. Rakesh	
5. Circulating Nurse	Sr. Praseena / Sr. Vanitha	
6. Assistant Nurse	Sr. Bhavani / Sr. Meghana	

Special Equipment:  Laparoscopy  Broncoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

Signature of the Surgeon  
Dr. Ashwini

Signature of Circulating Nurse  
Bhavani

Order No: 3092453/52

Order by: Bhavani

Name	Mrs HAJERA TARANNUM	UHID	KUH-00155024
Father/Guardian	B/O HAJERA TARANNUM (VIH-00206078)	Age/Gender	34 Y 11 M 16 D/Female
Address	HOUSE NO 1-11-41, NEAR RLY STATION CUSTOMS BASTHI BEGUMPET, SECUNDRABAD, BEGUMPET, Ameerpet X Road, Hyderabad, Telangana, INDIA, 500016		
IP No	IP-00060413	Admission Date	19-06-2026
Ref Doctor	SELF	Discharge Date	22-06-2026

### DISCHARGE SUMMARY

**Consultants:** Dr. KAPPAGANTULA APARNA , OBSTETRICIAN & GYNAECOLOGIST

**Diagnosis:** G4A3 with 36+6 weeks with Gestational Hypertension with Steroids covered with Laparoscopic abdominal Cerclage in situ with abdominal pain for Elective lower Segment Cesarean Section.

**EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 20.06.2026.**

#### **History:**

LMP: 04.10.2025

Obstetric formula: G4A3

EDD: 11.07.2026

Gestation at admission: 36+6 weeks

#### **Obstetric History:**

G1 - 9 weeks / blighted ovum / MERPC / 2019/ women's hospital secunderabad.

G2- 19+5 weeks / spontaneous miscarriage / Cervical incompetence /2022/ Fernandez.

G3- 19+5 weeks / spontaneous miscarriage / Cervical incompetence / cervical cerclage /2023 / Nisa hospital, Nampally.

G4 - Present pregnancy Spontaneous conception.

Name	Mrs HAJERA TARANNUM	UHID	KUH-00155024
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Medical History: Nil

Family History: Mother- HTN, DM.

Father- HTN.

Surgical History: Lap. abdominal cerclage & hysteroscopy done in sept 2023.

Allergies: Nil

**Antenatal Details:** Mrs HAJERA TARANNUM was booked to Rainbow hospital at 14 weeks of gestation. Previous ANC's in Dubai. She had h/o Laparoscopic abdominal cerclage in September 2023 at RCH, Himayathnagar. She was diagnosed with Gestational Hypertension since conception and was on Tab Nicardia 10mg TID. H/o Recurrent UTI since conception and was managed conservatively with oral and IV antibiotics. H/o Vaginal infections at conception & at 20 weeks and was managed conservatively. Two doses of Inj Betnesol 12mg given at 33+2 weeks and 33+4 weeks. She had regular antenatal checkups and investigations as advised. She came with c/o back pain & lower abdominal pain. She was admitted at 36+6 weeks with Gestational Hypertension with Steroids covered with Laparoscopic abdominal Cerclage in situ with abdominal pain for Elective lower Segment Cesarean Section.

**Investigations:** Enclosed

Blood group: **'O' POSITIVE**

**Management: Course in hospital and Delivery Details:**

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and os closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Patient and attenders have been explained regarding the need of Emergency LSCS and they opted for it.

She was decided for emergency C-section, prepared with indwelling Foley's catheter and IV cannula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj.

Name	Mrs HAJERA TARANNUM	UHID
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Taxim 1 gm IV given. Patient shifted to theatre.

**Surgery Notes:** Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus, clear Liquor seen. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

**Delivery Details:**

Date: 20.06.2023

Time of Delivery: 8:49:30AM

Type of Delivery: Emergency LSCS

Indication: G4A3 with 36+6 weeks with Gestational Hypertension with Steroids covered with Laparoscopic abdominal Cerclage in situ

Analgesia: Spinal

**Baby Details:**

Date: 20.06.2026

Time: 8:49:30AM

Sex: MALE

Weight: 2.925kg

Apgar: 7/10, 9/10

Gestational Age: 37 weeks

NICU Admission: No

Name

Mrs HAJERA  
TARANNUM

UHID

KUH-00155024

**Post-Operative Notes:** Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. She was given thromboprophylaxis. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

**Advice:**

1. Tab. Ceftum ( Cefuroxime 500 mg) twice daily till 26.06.2026 (9am-9pm) after food.
2. Tab. Dolo 650 mg (Paracetamol 650 mg) twice daily till 26.06.2026 (12pm-5pm) after food.
3. Tab. Hifenac P twice daily till 26.06.2026 (8am- 9pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 26.06.2026 (7am) before food.
5. Tab. Fur XT once daily (11am) for three months.
6. Tab. C Dense 1 tablet once daily (2pm) till breast feeding after food.
7. Tab. Nicardia Retard 20 mg thrice daily till further orders.
8. Home BP monitoring. Review SOS if BP >140/90 mmhg or any imminent signs ( Nausea, vomiting, epigastric pain, blurring of vision or decreased urine output). Physician opinion.
9. Nebasulf powder for local application.
10. HPV vaccine after 6 weeks of delivery.

Review after 5 days on 26.06.2026 at postnatal clinic with prior appointment (This consultation will be charged).

**To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to [www.rainbowhospitals.in](http://www.rainbowhospitals.in)**

<b>Name</b>	Mrs HAJERA TARANNUM	<b>UHID</b>	KUH-00155024
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In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

For Women Who Have Had a Cesarean Section

**Care of the wound:**

- 1.You can bath and shower.
- 2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
- 3.This gauze piece needs to be discarded after one use.
- 4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
- 5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
- 6.Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name:  
Relationship:

Signature:

This summary was explained by:  
Summary prepared by: Dr.

**Registrar/Resident/C.M.O**

*[Signature]*  
**Dr. KAPPAGANTULA APARNA**  
MBBS, MD  
OBSTETRICIAN & GYNAECOLOGIST  
43142

PatientName : Mrs HAJERA TARANNUM Inpatient No. : IP-00060413  
Age/Gender : 34 Y 11 M 15 D/ Female Admit Date : 19-06-2026  
Ward/Bed : N 2F-LABOUR WARD/ LW 219 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>		<b>TEST RESULT STATUS : REPORT AUTHORISED</b>	
Order Date :19-06-2026 18:02			
HEMOGLOBIN (Colorimetry)	9.0	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.39	10 <sup>12</sup> /L	L 4 - 5.2
PCV/HCT (Calculated)	25.6	VOL%	L 33 - 51
MCV (Calculated)	75.5	fL	L 80 - 100
MCH (Calculated)	26.4	pg/cells	26 - 34
MCHC (Calculated)	35.0	g/dL	32 - 36
RDW-CV (Calculated)	13.7	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	348	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	7.6	fL	6.5 - 10
WBC COUNT (DC Detection Method)	12.77	10 <sup>9</sup> /L	H 4.5 - 11
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	78	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	16	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	05	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC MICROCYTES(+) WBC : LEUCOCYTOSIS PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>		<b>TEST RESULT STATUS : REPORT ENTERED</b>	
Order Date :20-06-2026 17:06			
RANDOM BLOOD GLUCOSE (GOD/POD)	55	mg/dl	L 70 - 140
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>		<b>TEST RESULT STATUS : REPORT ENTERED</b>	
Order Date :20-06-2026 19:52			
RANDOM BLOOD GLUCOSE (GOD/POD)	123	mg/dl	70 - 140
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>		<b>TEST RESULT STATUS : REPORT ENTERED</b>	
Order Date :20-06-2026 23:31			
RANDOM BLOOD GLUCOSE (GOD/POD)	104	mg/dl	70 - 140

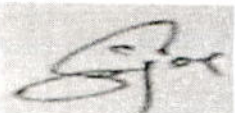
**Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.  
040-42462200, Ext 2000,2001,2002,

<b>PatientName</b> :	Mrs HAJERA TARANNUM	<b>Inpatient No.</b> :	IP-00060413
<b>Age/Gender</b> :	34 Y 11 M 16 D/ Female	<b>Admit Date</b> :	19-06-2026
<b>Ward/Bed</b> :	N 2F-LABOUR WARD/ LW 219	<b>Discharge Date</b> :	

Investigation	Result	Unit	Biological Reference Interval
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :21-06-2026 02:42
RANDOM BLOOD GLUCOSE (GOD/POD)	162	mg/dl	H 70 - 140
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :21-06-2026 02:42
RANDOM BLOOD GLUCOSE (GOD/POD)	178	mg/dl	H 70 - 140
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :21-06-2026 13:19
RANDOM BLOOD GLUCOSE (GOD/POD)	169	mg/dl	H 70 - 140
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 06:24
RANDOM BLOOD GLUCOSE (GOD/POD)	107	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 06:24
HEMOGLOBIN (Colorimetry)	9.7	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.61	10 <sup>12</sup> /L	L 4 - 5.2
PCV/HCT (Calculated)	27.2	VOL%	L 33 - 51
MCV (Calculated)	75.3	fL	L 80 - 100
MCH (Calculated)	26.8	pg/cells	26 - 34
MCHC (Calculated)	35.5	g/dL	32 - 36
RDW-CV (Calculated)	14.0	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	378	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	7.9	fL	6.5 - 10
WBC COUNT (DC Detection Method)	16.58	10 <sup>9</sup> /L	H 4.5 - 11
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	84	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	12	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	03	%	L 4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : NEUTROPHILIC LEUCOCYTOSIS PLATELETS : ADEQUATE		



**Dr. SRUJANA SHYAMALA, MD, DNB** : an interim report. The final report will be released after 24 hours.

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009. 040-42462200, Ext 2000,2001,2002,



PatientName : Mrs HAJERA TARANNUM  
Age/Gender : 34 Y 11 M 18 D/ Female  
Ward/Bed : N 2F-LABOUR WARD/ LW 219

Inpatient No. : IP-00060413  
Admit Date : 19-06-2026  
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
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Consultant Pathologist, Reg No : 39356



# ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

*Handwritten signature/initials*

MRD EXECUTIVE

# PATIENT TRANSFER FORM

KUH-00155024 IP-00060413

Mrs HAJERA TARANNUM

04-07-1991 34 Y 11 M 16 D (F)

Dr. KAPPAGANTULA APARNA



Date & Time of Admission 19/6/26 at 4:30pm		Date & Time of Transfer Order 9/20/26 @ 12:30 PM
Treating Consultant Name	Transfer Ordered by Dr. Nikhita	Reason for Transfer observation
From Unit MICU	To Unit 203	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 35	Number of Imaging Films 181 - (1)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	under pad - (1)	
2.	saxal - (1)	
3.	sterilization - (1)	
4.	tab - kabal - 10	
5.	tab - parfor - (10)	

Shifting Summary / Notes Written by Doctor : Yes  No

Dr.

Name & Signature of Person who is Transferring Sis. Rani	Name of Person Ordered Transfer Dr. Nikhita
---	--


Patient & Clinical Records Received by : Dimple 21/6/26 @ 12:30 AM

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed     
  Nurse not Available     
  Available Bed not ready

# PATIENT TRANSFER FORM

Patient Name / I.P. No.		Date & Time of Admission	Date & Time of Transfer Order
KUH-00155024 IP-00060413 Mrs HAJERA TARANNUM 04-07-1991 34 Y 11 M 16 D (F) Dr. KAPPAGANTULA APARNA 		19/6/26 @ 4:31pm	20/6/26 @ 9:50am
		Transfer ordered by	Reason for Transfer
		Dr. Vineetha	post op care
From Unit	To Unit	Information to attendant	
OT	MICU	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant	
39	2 NST	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what ?			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / notes written by Doctor :			
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer	
Sis. Meghana		Dr. Vineetha	
Patient & Clinical records received by :			
Subhavit			
Date & Time of Patient Received: 20/6/26 10:30AM			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable bed
  Nurse not available
  Available bed not ready

# PATIENT TRANSFER FORM

KUH-00155024 IP-00060413  
Mrs HAJERA TARANUM  
04-07-1991 34 Y 11 M 15 D (F)  
Dr. KAPPAGANTULA APARNA



	Date & Time of Admission 19/6/26 - 20/6/26	Date & Time of Transfer Order 20/6/26
Treating Consultant Name	Transfer Ordered by	Reason for Transfer El. LSC
From Unit C/W	To Unit OT	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 32	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Dr. Moulik

Name & Signature of Person who is Transferring Rani	Name of Person Ordered Transfer Mr. Moulik
--	---

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
  Nurse not Available
  Available Bed not ready

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060413

Admit Date : 19-Jun-2026

Admit Time : 04:31 PM UHID : KUH-00155024

### Patient Details :

Patient Name : Mrs HAJERA TARANNUM

Age : 34 Y 11 M 15 D

Guardian : Mr MIRZA KAZIM BAIG

DOB : 04-07-1991

Gender : Female

Religion :

Occupation :

Marital Status : Married

Address (H) : HOUSE NO 1-11-41,NEAR RLY STATION  
CUSTOMS BAsthi BEGUMPET,  
SECUNDRABAD, BEGUMPET Ameerpet X  
Road Hyderabad Telangana INDIA 500016

Phone No : 9700055154/ 9700055154

E-mail : na123@rainbowhospitals.in

### Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

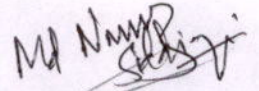
### Contact Details :

Name : Mr MIRZA KAZIM BAIG

Relationship : W/O

Contact Address : HOUSE NO 1-11-41,NEAR RLY STATION  
CUSTOMS BAsthi BEGUMPET,  
SECUNDRABAD, BEGUMPET Ameerpet X Road  
Hyderabad Telangana INDIA 500016

Phone No : 9700055154 / 9000635010

  
Signature

### Doctor Details :

Doctor Name : Dr. KAPPAGANTULA APARNA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

### Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

KUH-00155024 IP-00060413  
 Mrs HAJERA TARANNUM  
 04-07-1991 34 Y 11 M 15 D (F)  
 Dr. KAPPAGANTULA APARNA



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 19/6/26

**Baseline Information:**  
 Admission From:  ER  OPD  Admission Desk  Others, specify \_\_\_\_\_  
 Primary Language:  Telugu  English  Hindi  Others, specify \_\_\_\_\_  
 Do you require an interpreter?  Yes  No if Yes specify \_\_\_\_\_  
 Source of Information:  Patient  Family  Others, specify \_\_\_\_\_

**Allergies:**  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_  
 If yes, identify \_\_\_\_\_

**Chief Complaints:** \_\_\_\_\_ Doctor Notified on Admission:  Yes  No  
Back pain since meniny Name of the Doctor: Dr. Ganesha  
 Time Notified: 4:30pm

**Past Medical History:** Obtained From  Patient  Family Member  Medical Record  Other (specify) \_\_\_\_\_

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>No</u>	<u>Laparoscopic abdomen cen.</u>	<u>yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: _____	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

**Obstetric History:** G 4 P \_\_\_\_\_ L \_\_\_\_\_ A 3

**Previous LSCS:** No

**Current Medication:**  None  Yes, If Yes, Fill the reconciliation form

**Family History:**  No Abnormalities Detected  
 Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease  
 Liver disease  Other: father & mother

**Vital Signs / Measurements:** Temp: 98.6F HR: 98b/m RR: 18b/m  
 BP: 121/78 Weight: 85.35 Height: 155 BMI: \_\_\_\_\_

**Pain Assessment:** Pain:  Yes  No (If Yes, complete the Pain Assessment / Reassessment Form)  
score



### PHYSICAL ASSESSMENT

General Appearance:  Healthy  ill looking  Anxious  Agitated  Others: .....

Fall Assessment:  Yes  No Score 15 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore:  Yes  No Score 28 (complete the Braden Q Sheet)

**FUNCTIONAL SCREENING:** If a patient needs assistance with any of the following inform consultant

Mobility problem  Walking Problem  No Abnormality Detected  
 Developmental Delay  Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**  No Abnormality Detected

Overweight  Poor Appetite > 3 Days  Needs Therapeutic Diet.  
 Under Weight  Diabetes Mellitus  Hyperemesis Gravidarum

Inform consultant for positive criteria

**PSYCHOLOGICAL SCREENING:**

Calm & Cooperative  Restless  Depressed  Agitated  Confused

Inform consultant for positive criteria

**SOCIAL SCREENING:**

1. Marital Status:  Single  Married  Divorced  Widow

2. Social Habits: Smoker:  Yes  No Alcohol Abuse:  Yes  No Drug Abuse:  Yes  No

Social History: Lives With family

Orientation has been given regarding the following aspects:

Call Bell Reach:  Yes  No Waste Disposal Explained:  Yes  No  
Infusion Pump:  Yes  No Hand Hygiene Explained:  Yes  No  Others

Additional information given to Mrs. Tarannum

Name of Person Orientation was given to: Mrs. Tarannum

Orientation not given Reason: .....

Nurse Signature: K.S  
Name: K. Subashini  
Date: 19/6/26 4:35 upm

# OBSIETRIC TRIAGE ASSESSMENT FORM

Date: 19/6/20 Time of Arrival: 4pm Time Seen by Nurse: 4pm

1) Level of Consciousness:  Conscious  Semi-Conscious  Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

Severe Pain / Moderate Pain  Preterm rupture of Membranes / Leaking Water PV  
 Bleeding PV: Slight / Heavy  Preterm Labor/ Labor  
 Decreased Fetal Movement  Spontaneous Rupture of Membrane / Leaking Water PV  
 No Fetal Movement  Other Reason: pain back

3) Vital Signs: Temperature: 98.6 Pulse: 92b/m RR: 18b/m SpO<sub>2</sub>: 99% BP: 112/82 Weight: 85.35

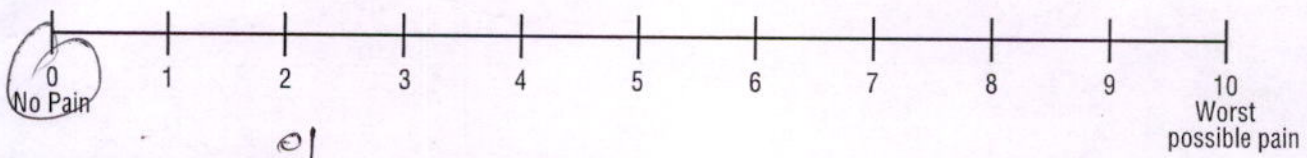
4) Gestational Criteria:

Gravida:	G <u>4</u>	P <u>—</u>	L <u>—</u>	A <u>3</u>
LMP:	<u>11/10/25</u>	EDD: <u>11/7/26</u>	Gestational Age: <u>36+6 weeks</u>	

Uterine Contraction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If No specify:		

5) Pain Screening:

Numerical Pain Scale (NPS)



- Location: nil
- Duration: nil Days / Weeks/ Months (Strike out which is not applicable)
- Character: nil
- Frequency: nil
- Interventions: nil

6) Past History:

- a) Surgeries: Lap abdominal vesiculae lysis
- b) Medical: nil



7) Allergy:  Yes  No, If Yes : .....

8) Current Medications:  Prenatal Vitamin  None  Others: .....

9) Prenatal Medical History:

- None  Gestational Diabetes  
 Chronic Hypertension  Low placenta  
 Gestational Hypertension  Others if yes, specify .....  
 Diabetes

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

- Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)  
 **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)  
 **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)  
 **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)  
 **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

**OBCU Obstetrical Triage Acuity Scale (OTAS)**

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SRROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (< spotting) < 37 weeks	Bleeding associated with cramping (> spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> <li>Acute onsite severe abdominal pain</li> <li>Altered level of consciousness</li> <li>Cord prolapse</li> <li>Severe respiratory distress</li> <li>Suspected sepsis</li> </ul>	<ul style="list-style-type: none"> <li>Major trauma</li> <li>Shortness of breath</li> <li>Unplanned and unattended birth</li> </ul>	<ul style="list-style-type: none"> <li>Abdominal/back pain greater than expected in pregnancy</li> <li>Flank pain / hematuria</li> <li>Nausea /vomiting and /or diarrhea with suspected dehydration</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing assessment from out patient clinic (for hypertension, blood work)</li> <li>Minor trauma (minor MVC/fall)</li> <li>Nausea/Vomiting and /or diarrhea</li> <li>Signs of infection (ie dysuria ,cough, fever, chills)</li> </ul>	<ul style="list-style-type: none"> <li>Anything that does not seem to pose threat to mother or fetus</li> <li>Cervical ripening</li> <li>Out patient placenta previa protocols</li> <li>Pre-booked visits (ie Rh and progesterone injections, NST</li> <li>Assessment for version</li> <li>Rashes</li> </ul>

Time seen by Doctor: ..... 4:30pm

Nurse Name: ..... k. Subasini ..... Nurse Signature: .....

Date: 19/6/26 ..... Time: 4:30pm



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

1/0 back pain since morning  
 & mild lower abdominal pain

LMP: 4/10/2025 EDD: \_\_\_\_\_  
 Corrected EDD: 11/7/26 GA: 36+6 weeks

Obstetric Formula: G4A3 Menstrual History: Regular:  Yes  No  
 ML-7yrs NCM (40-45 days)

## Obstetric History:

G1 - 9 weeks (Blighted Ovum) / MGRPC 2019 / Women's Hospital, Kunderabad.  
 G2 - 19+5 weeks Spont. miscarriage / Cervical incompetence / 2022 / Fernandez  
 G3 - 19+5 weeks Spont. miscarriage / Cervical incompetence / 2023 / Nisa Hospital, Nampally  
 G4 - PP, Spontaneous conception

Present Pregnancy Record: Booked to RCH at \_\_\_\_\_  
 14 weeks. Previous ANCs in Dubai. H/O  
 Laparoscopic Abdominal Cerclage in September 2023 at RCH Himayath Nagar  
 H/O UTI-Recurrent since conception & was

**RISK FACTORS:** managed conservatively with  
 Head Fifths Palpable: \_\_\_\_\_  
 FHS:  Normal  Tachy  Brady  Absent

Oral & IV Antibiotic. H/O Vaginal infections at conception & at 20 weeks and was managed conservatively. Two doses of Dy-Betamethasone 12mg given at 33+2 and 33+4 weeks. She was diagnosed to Gest. Hypertension since conception & was on T. NICARDIPINE 10mg TID. Dy TT two doses taken.

⊕ 157 bpm  
**Per Speculum Examination** Not done  
 Draining:  Present  Absent  Bleeding  
 Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination**  
 Cervix:  Long  Partially effaced  Effaced  
 Os: Closed Dilated \_\_\_\_\_

Height: 155 cm  
 Weight: 85.35 kg  
 Allergies: None  
 Breast:  Normal  Abnormal  
 General Examination:

Consciousness: clear Pallor: ⊖  
 Icterus: ⊖ Edema: ⊖  
 Temp: Afebrile PR: 92 bpm  
 BP: 121/78 mmHg DTR: +  
 CVS: 4/2 ⊕ RS BAE ⊕  
 Liver/Spleen: ⊕ Urine Output: Adequate

## DIAGNOSIS

G4A3 with 36+6 weeks with Gestational Hypertension with Steroids covered with Laparoscopic Abdominal cerclage in-situ for abdominal pain  
 Elective lower segment cesarean section



<p>Family History:</p> <p>Mother - HTN, DM</p> <p>Father - HTN</p>	<p>Surgical History:</p> <p>Laparoscopic Abdominal Cerclage        + Hysteroscopy done in September 2023</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <ul style="list-style-type: none"> <li>- Gestational hypertension since conception on T. NICALMA 10mg TID</li> <li>- T. DUPHASTON 10mg BD</li> <li>- T. SUSTEN 200mg BD</li> </ul>
<p>Plan of Care: <u>CLI to Dr. Aparna Mann</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- consent</li> <li>- PAC</li> <li>- Pains preparation</li> <li>- FHR monitoring</li> <li>- Monitor vitals</li> <li>- Follow drug chart</li> <li>- NST</li> <li>- Inform LOS</li> <li>- Send CBP</li> <li>- 1 ⊕ PRBC reserved at Tamaka blood bank.</li> </ul> <p>Noted by Suborjya 19/6/26        4:30pm</p>	<p>Investigations: <u>BLOOD GROUP - 'O' POSITIVE</u></p> <p>HIV } 4/6/26        HbsAg }        Hcv } NIR CBP - 9.2 / 10.80 / 3.72L        VDRL } S. Creat - 0.46        LDH - 210        LFT - ALP: 141 (↑)        Normal.</p> <p>Fetal Wellbeing scan (16/6/26)      TFFA scan (16/6/26)</p> <p>SLIUF        36+3 weeks        AFI - 14.5cm        Cephalic        Dopplers - (N)        - Lap Abdominal Cerclage ⊕</p> <p>SLIUF        20+5 weeks        CL - 34mm        No anomalies</p> <p>GROWTH scan (8/6/26)      NT scan (10/1/26)</p> <p>SLIUF        35+2 weeks        Cephalic        PI - Ant, High        AFI - 11.2cm        AC - 28Y        EPW - 2.097kg        Dopplers - (N)</p> <p>SLIUF        14 weeks        NT - 2.5mm        Nasal bone ⊕        CL - 29mm        - Lap Abdominal cerclage done        - Cervical cerclage ⊕</p>

Doctor Name: Dr. Geetha  
 Signature: [Signature]  
 Date & Time: 19/6/26, 4:30 PM

Consultant Name: Dr. APARNA K  
 Signature: [Signature]  
 Date & Time: 19/6/26, 4:30 PM





KUH-00155024 IP-00060413  
 Mrs HAJERA TARANNUM  
 04-07-1991 34 Y 11 M 16 D (F)  
 Dr. KAPPAGANTULA APARNA

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<del>19/6/26</del> 4:30 pm	(ppm) ⊕ O16nt ucllc ucfac cybrole BP-121/78mmg PR-85bpm sLenAD PIA ut ~ TA cephalic FUR ⊕ 140bpm relaxed	Add - strict fetal biclc count NST at 10 pm - sam, 11am - monitor FUR continuously - follow drug - in form sa Dr. Ashur
Noted by Sakin 19/6/26 4:30 pm		
<del>19/6/26</del> 8:30 pm	perceiving fetal movement FUR good O16nt ucllc ucfac cybrole BP-120/70mmg PR-82bpm sLenAD PIA ut ~ TA cephalic FUR ⊕ 160bpm	Add - strict fetal count - soft diet - NST at 10pm - sam, 11am - monitor vitals - follow & drug count - in form sa Dr. Ashurini
BP-9/12770l 2 uRL		
Noted by Rain 19/6/26 @ 8:30 pm		

KUH-00155024 IP-00060413  
 Mrs HAJERA TARANNUM  
 04-07-1991 34 Y 11 M 16 D (F)  
 Dr. KAPPAGANTULA APARNA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/20 12:30am	<p>oleptical            cefazolin            albicillin            BP - 100/70 mmHg            PR - 85 bpm            STENAD</p>	<p>Adv            - NBM            - WIF Fetal            measurements            - monitor            vitals</p>
NST reactive	<p>PLACENTY            FUR @ 160 bpm            elevated            cephalic</p>	<p>- follow up            chest            - inform            s/c</p>
<p><del>noted by Rai 20/6/20 @ 12:30am</del></p>		
20/6/20 9:30am	<p>oleptical            cefazolin            albicillin            BP - 115/70 mmHg            PR - 82 bpm            STENAD</p>	<p>Adv            - NBM            - strict fetal            vital count            - monitor            vitals</p>
	<p>PLACENTY            cephalic            FUR @ 150 bpm            cephalic</p>	<p>- follow up            chest            - inform            s/c</p>
<p><del>noted by Rai 20/6/20 @ 9:30am</del></p>		

KUH-00155024 IP-00060413  
 Mrs HAJERA TARANUM  
 04-07-1991 34 Y 11 M 16 D (F)  
 Dr. KAPPAGANTULA APARNA

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 It takes a lot to treat the little.

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ISS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2016/26 E am	PFM ⊕ OIENTUC Ugai ayobie	Adv - NBM MR monitoring monitor vity follow drug chart
<u>ASTRACTE</u>	BP - 130/83 mg PR - 85 bpm LENAD PIAUC - U ayobie FUR ⊕ 146 bpm stained	- inform so At Dr. Ashini
Noted by Rani 20/6/2016 8 am		
	no imminent signs.	
2016/26 4 am	PO DO OIENTUC Ugai ayobie	Adv - NBM x 6 hrs Passive ambulation w/ F bleeding PU
<u>V.O. L road guide</u>	BP - 128/90 mg PR - 100 bpm LENAD PIAUC - U BS - / -	- monitor vitals follow drug chart - inform so
<u>RPR BR charting</u>	PIUNAB bayra AS.	At Dr. Ashini
Noted by Subin 20/6/2016		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 2 PM	POD - 0 (LSC)	
P.L.I C/ATN	O/E pt is c/c/c c/fair	Adv - NBM till 4pm
Vo - clear adequate	Afebrile BP - 150/90 mmHg PR - 80 bpm S/E - NAD	- W/F bleeding pv - I/O charting - Monitor vitals - Follow drug chart
Noted by Subashini 20/6/26 2pm	P/A - Jt - WR soft BS (+) L/E - NAD	- Inform sos - Rest
		D dryogeshwan
20/6/26 3:30 PM	C/I to DR. AXON & Dr. Aparna mam	
Noted by Subashini 20/6/26 3:30pm	URBS - 55 mg/dl	Adv - DNS 25%, stat - check URBS after 1hr - Inform sos
		D dryogeshwan





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>20/6/26 9pm.</del>	<del>POD-0 pt is clele Gc fair Afebrile BP - 140/96 mmHg PR - 84 bpm S/E - NAD P/A - soft BS Ut - wkr Ue - NAB Baby T<sup>A</sup> R<sup>B</sup> ⊕</del>	<del>Adv - clear liquids - soft diet after passing flatus - w/f PR bleeding - Ambulation - Hydration - I/O chosting - follow dry chost - monitor vitals - Inform SOS</del>
<del>0-0 Adeg clear Shift to room DGRBS in morning</del>	<del>no imminent signs &amp; symptoms.</del>	<del>Dr. Farooq</del>
<del>Noted by Ravi 20/6/26 9pm.</del>	<del>POD-1 (LSCS) pt is clele Gc fair Afebrile BP - 156/95 mmHg. PR - 92 bpm. S/E - NAD P/A - soft BS ⊕ Ut - wkr Ue - No active bleeding Baby T<sup>A</sup> R<sup>B</sup> ⊕</del>	<del>Adv - soft diet. - Hydration - Ambulation - w/f PV bleeding - follow dry chost - monitor vitals - Inform SOS</del>
<del>21/6/2026 8 AM PLU (GHTV) DGRBS in morning GRBS - 178 mg/dl U/O 2500ml Adeg clear Remove Foley's</del>	<del>No inu</del>	<del>Dr. Farooq Dr. Nikhita</del>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 1:30pm	<u>Pod-1 (PostLSCS)</u>	
<u>UP</u> <u>MNP</u>	o/e pt is c/cle g/c fair Afebr BP - 117/79mmHg PR - 85bpm S/E NAD P/A soft ut ~ WR L/E NAB Baby MS BFA	<u>Adv</u> - Soft diet - Ambulation - Hydration - W/F bleeding PV - Monitor Vitals - follow drug chart - Inform SAs
		Dr Naushan not e by Raja Per 21/6/26 @ 1:30pm
21/6/26 10pm	<u>POD-1 (LSCS)</u>	
physician review tomorrow urine passed motion not passed send CBP tomorrow check FBS tomorrow	o/e pt is c/cle g/c fair Afebrile BP - 118/74mmHg PR - 86bpm S/E - NAD P/A - soft ut ~ WR L/E - NAB Baby <del>A</del> BFA	<u>Adv</u> - soft diet - Ambulation - hydration - W/F bleeding PV - Monitor vital - follow drug chart - Inform SAs

Dr yogeshwar

KUH-00155024 IP-00080413  
 Mrs HAJERA TARANUM  
 04-07-1991 34 Y 11 M 17 D (F)  
 Dr. KAPPAGANTULA APARNA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2026 7AM	POD - 2 (LSCs) O/E	
	Pt is d/c	Adv
FBS - 107 mg/dl	Gc fair Afebrile	- Normal diet - W/K bleeding pv
Urine Passed	BP - 130/80 mmHg	- Monitor vitals
Motion Passed	PR - 86 bpm	- Adequate hydration - Ambulation
Physician review today	S/E - NAD PIA - Ut ~ w/r	- Follow drug chart - Inform SAs
Trace CBP	Soft BS ⊕ LIC - NAR	
Pt can be discharged	Baby A BF ⊕	
Aseptic dressing done & tegaderm wound healthy		Dr Yogeshwaran
Noted by padma 22/6/26 @ 11AM		



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>GUA3 C36+6wks C Hypertension</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	C Steroids covered C laparoscopic uterus		If Yes Specify: .....				
Surgery / Procedure:		Post OP Day:					
BACKGROUND	Date	19/6/26	19/6/26	20/6/26	20/6/26	20/6/26	
	Shift	E	Night	OT	M	E	
	Medical Condition (Any special condition to be noted):	Hypertension	Hypert	HTN	HTN	HTN	HTN
Diet:	NBM	NBM	NBM	NBM	clearly	clearly	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	—	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6F	98.6F	98.6F	98.6F	98.6F
		Res:	18b/m	18b/m	19b/m	19b/m	20b/m
	SpO <sub>2</sub> :	99%	99%	99%	99%	99%	
	Pulse:	82b/m	86b/m	90b/m	82b/m	89b/m	
	BP:	110/70mmHg	110/70	125/76mmHg	152/95mmHg	150/100mmHg	
	LOC:	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:	15	15	15	15	15	
Pain Score:	0	0	0	0	0		
Skin Integrity:	Intact	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	—	—	—	—	—	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	NBM	NBM	NBM	NBM	clearly	
	Critical Lab Test / Values:	—	—	—	—	—	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:	FHR monitor	FHR monitor		w/f Bleeding B.P. monitoring	w/f Bleeding B.P. monitoring	w/f Bleeding	
Handed Over By Name :	K. Sathi	Ravi	Meghna	Sukhraj	K. Sathi	Ravi	
Signature / ID :	020477	0205	020232	020477	020477	020477	
Date:	19/6/26	20/6/26	20/6/26	20/6/26	20/6/26	20/6/26	
Time:	8pm	8:45pm	@ 10:30pm	9pm	@ 8pm	2:50pm	
Taken Over By Name :	Ravi	Prabha	Sukhraj	Sukhraj	Ravi	Sukhraj	
Signature / ID :	0205	020477	020477	020477	020477	602409	
Date:	19/6/26	20/6/26	20/6/26	20/6/26	20/6/26	21/6/26	
Time:	8pm	@ 8:15pm	10:30pm	9pm	8pm	@ 2:50pm	



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Ax Ag E 26 f b w k s / hypertensive E steroids covered E laparoscopic</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure: <i>GL-12</i>	Post OP Day: <i>1</i>					
BACKGROUND	Date	<i>20/6</i>	<i>21/6/26</i>	<i>21/6/26</i>	<i>21/6/26</i>	<i>22/6/26</i>	
	Shift	<i>N</i>	<i>M</i>	<i>E</i>	<i>N</i>	<i>M</i>	
	Medical Condition (Any special condition to be noted):	<i>HTN</i>	<i>HTN</i>	<i>HTN</i>	<i>HTN</i>	<i>HTN</i>	
Diet:	<i>clear liquid</i>	<i>clear</i>	<i>solid diet</i>	<i>solid diet</i>	<i>solid diet</i>		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6 F</i>	<i>98.5 F</i>	<i>98.6 F</i>	<i>98.5 F</i>	<i>98.6 F</i>
		Res:	<i>20 blm</i>	<i>20 blm</i>	<i>19 blm</i>	<i>20 blm</i>	<i>19 blm</i>
		SpO <sub>2</sub> :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>
		Pulse:	<i>83 blm</i>	<i>85 blm</i>	<i>80 blm</i>	<i>82 blm</i>	<i>70 blm</i>
		BP:	<i>117/76</i>	<i>117/79 mmHg</i>	<i>120/80</i>	<i>12</i>	<i>120/80</i>
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	
	Fall Risk Score:	<i>15</i>	<i>15</i>	<i>0</i>	<i>0</i>	<i>0</i>	
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>-</i>	<i>Nil</i>	<i>-</i>	<i>Nil</i>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>liquid</i>	<i>clear</i>	<i>solid diet</i>	<i>solid diet</i>	<i>solid diet</i>	
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>Nil</i>	<i>-</i>	<i>Nil</i>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	
Post Operative Procedure Special Orders:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>		
Handed Over By Name :	<i>Dupika</i>	<i>Raja</i>	<i>padma</i>	<i>Dupika</i>	<i>padma</i>		
Signature / ID :	<i>607469</i>	<i>607469</i>	<i>606329</i>	<i>607469</i>	<i>606329</i>		
Date:	<i>21/6/26</i>	<i>21/6/26</i>	<i>21/6/26</i>	<i>21/6/26</i>	<i>22/6/26</i>		
Time:	<i>@ 8 AM</i>	<i>@ 2 PM</i>	<i>@ 3 PM</i>	<i>@ 8 AM</i>	<i>@ 11 AM</i>		
Taken Over By Name :	<i>Raja</i>	<i>padma</i>	<i>Dupika</i>	<i>padma</i>	<i>send to the Billing</i>		
Signature / ID :	<i>607469</i>	<i>606329</i>	<i>607469</i>	<i>606329</i>	<i>send to the Billing</i>		
Date:	<i>21/6/26</i>	<i>21/6/26</i>	<i>21/6/26</i>	<i>22/6/26</i>	<i>send to the Billing</i>		
Time:	<i>@ 8 AM</i>	<i>@ 2 PM</i>	<i>@ 8 PM</i>	<i>@ 8 AM</i>	<i>send to the Billing</i>		

KUH-00155024 IP-00060413  
 Mrs HAJERA TARANUM 34 Y 11 M 15 D (F)  
 04-07-1991  
 Dr. KAPPAGANTULA APARNA

# NURSING CARE RECORD



Date: 19/6/26

- Goals**
- Maintain Airway and Oxygenation
  - Relieve Pain & Discomfort
  - Maintain Fluid Balance
  - Improve Activity Tolerance
  - Maintain Good Nutritional Status
  - Maintain Skin Integrity
  - Maintain Personal Hygiene
  - Prevent Infection
  - Meet Elimination Needs
  - Ensure Safety
  - Early Ambulation Reduce Anxiety
  - Patient & Family Education
  - Identify Potential Complications
  - Any Others. Specify To check FHR

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4 pm	FHR	4 pm	FHR monitoring	FHR 152b/m	FHR is good	 19/6/26 7 pm
	7 pm	maintain fluid balance	7 pm	encourage to take more oral liquids	prevent dehydration	patient well hydrated	
Night	8 pm	→ TO check FHR	8:00 pm	→ FHR checked - 145 b/m	→ FHR is good	→ Re-Assess FHR	 19/6/26 esu



# NURSING CARE RECORD

Date: 20/6/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Maintain fluid balance	8 AM	RL 100ml	Prevent dehydration	patient well hydration	R 20/6/26 1 PM
	10 PM	Relieve pain & Discomfort	10 PM	Analgesic given	Pain relief	patient calm	
Afternoon	2 PM	Ensure safety	2 PM	To provide side rails.	To prevent fall	Patient is Good	A 20/6/26 2 PM
	7 PM	Maintain fluid balance	7 PM	Maintaining fluids RL 100ml (iv & oral fluids)	Prevent dehydration.	Patient's Good	
Night	8 PM	→ prevent infection	8 PM	→ provided Anti biotics -	→ prevented infection.	→ Re-Assess/ prevented infection	R 20/6/26 8 PM
	12 AM	Ensure safety	12 AM	To provide safety	To prevent falls	patient is safe	

KUH-00155024 IP-00060413  
 Mrs HAJERA TARANNUM 34 Y 11 M 17 D (F)  
 04-07-1991  
 Dr. KAPPAGANTULA APARNA

# NURSING CARE RECORD



Date: 21/6/26

**Goals**

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify Assess the patient condition
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	* Ensure Safety * Maintain fluid Balance	9am	* Provided the side rails * Maintaining fluids, oral hygiene	* To prevent Risk of falls * To prevent dehydration	Re-assessment done patient is stable & comfortable	21/6/26 Papa @ 2pm
Afternoon	4pm	* maintain fluid Balance. * Ensure safety.	7pm	* maintained the fluid Balanced. * provided the side rails.	* prevent to the dehydration,	* Re-Assessment Done every with hourly vitals.	Padmaja 21/6/26 @ 8pm
Night	8pm 12Am	Ensure safety Maintain personal hygiene	11pm 8AM	To provide side rails To give hand rub	To provide Safety To prevent Infection	Re-Assessment was done with hourly vitals checked	Deepika 21/6/26 @ 8AM

KUH-00155024 IP-00080413  
 Mrs HAJERA TARANNUM  
 04-07-1991 34 Y 11 M 17 D (F)  
 Dr. KAPPAGANTULA APARNA



# NURSING CARE RECORD



Date: 22/6/26

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				<p>Discharge Note's</p> <p>Doctor came for the rounds.</p> <p>Patient is stable.</p>			<p>Pragna</p> <p>22/6/26</p> <p>@11 AM</p>
Afternoon				<p>Doctor advised Discharge</p>			
Night							

**GENERAL CONSENT FOR TREATMENT**

Patient Name: Mrs HAJERA TARANNUM Age : 34 Y 11 M 15 D  
IP No: IP-00060413 Sex: Female  
Consultant: Dr. KAPPAGANTULA APARNA Ward/Bed No: N 2F-LABOUR WARD/LW 219

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(ceivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Md Nawaz Siddiqui

Name: Md Nawazuddin Siddiqui

Relationship: Brother

Date: 19/6/2026

Time: 4:31 pm

Witness Name:

Witness Signature:

Patient Address:

HOUSE NO 1-11-41, NEAR RLY STATION CUSTOMS BASTHI BEGUMPET, SECUNDRABAD, BEGUMPET Ameerpet X Road Hyderabad Telangana INDIA 500016

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mrs. HAJERA TARANNUN Gender:  Male  Female Age : 34 years

UHID No : KUH-00155024 Date : 20/6/26

### Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

ELECTIVE LOWER SEGMENT CESAREAN SECTION  
upon  
(Name of the Patient) Mrs. HAJERA TARANNUN

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, INFECTION, NEED FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS AND ITS ASSOCIATED REACTIONS, BOWEL AND BLADDER INJURY, URETERIC INJURY, POST PARTUM HEMORRHAGE

### My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. APARNA K

### Consentee :

Signature : [Signature]

Name : Mrs. Tarannun

Date & Time : 20/6/26 7:45am

### Patient Attendant :

Signature : [Signature]

Name : MD KAMRAN UDDIN

Relationship with Patient : Brother

Date & Time : 20/6/26 7:45am

### Witness :

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Date & Time : \_\_\_\_\_

### Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Ashini

Date & Time : 20/6/26 7:45am

# SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Kappagantula Aparna  
 Asst. Surgeon : Dr. Ashwini  
 Anaesthetist : Dr. Vineetha  
 Scrub Nurse : Sr. Bhavani / Sr. Meghana

KUH-00155024 IP-00060413  
 Mrs HAJERA TARANNUM  
 04-07-1991 34 Y 11 M 16 D (F)  
 Dr. KAPPAGANTULA APARNA



Age : 34 yrs Gender : Female  
 Name : EL-LSCS

Date : 20/6/26 In-time : 8:40 am Out-time : 9:40 am



## Before Induction of Anaesthesia >>

SIGN IN	Time: <u>8:30 AM</u>
<b>Patient Has Confirmed</b>	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Site Marked</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Safety Check Completed</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does Patient have a:</b>	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Difficult Airway / Aspiration Risk?</b>	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>DR. M. VINEETHA</u>	

## Before Skin Incision >>

TIME OUT	Time: <u>8:40 am</u>
<b>Confirm all team members have introduced themselves by Name and Role</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site → <u>Lower Abdomen</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure → <u>EL-LSCS</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	→ <u>Bleeding</u> → <u>1 hour</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	<u>gestational hypertension</u>
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Is Essential Imaging Displayed?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Prasoon</u>	

## Before Patient Leaves Operating Room

SIGN OUT	Time: <u>9:40 am</u>
<b>Nurse Verbally Confirms with the Team:</b>	
The Name of the Procedure Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Dr. Ashwini</u>	

# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. Hajera Tarannum Age : 34y Gender : Male  Female

UHID NO: KUH-00155024 Surgeon Name: Dr. K. Aparna

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Elective Cesarean delivery

## PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

**Specific High Risk (s) :** The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- |   |                                       |   |  |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Heart disease  | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes mellitus      | <input type="checkbox"/> Renal failure                       |
| <input type="checkbox"/> Hepatic disorders                                    | <input type="checkbox"/> Shock        | <input type="checkbox"/> Multiple organ failure | <input type="checkbox"/> Polytrauma / Renal Tubular Acidosis |
| <input type="checkbox"/> Incapacitating Chronic Obstructive Pulmonary Disease |                                       |   |  |
| <input type="checkbox"/> Others : <u>Bleeding</u>                             |                                       |   |  |

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

## DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Hajera Tarannum the above mentioned operation / Diagnostic / Therapeutic procedures Elective Cesarean delivery

I authorize and give consent for anaesthesia ( Regional /  General Anesthesia /  Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant :  Yes  No

**DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT**

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

**Patient / Patient Attendant :**

Signature : .....

Name : Tarannum

Relationship with Patient: self

Date & Time : 19/6/20 @ 9pm

**Witness :**

Signature : Kanaul

Name : MO KANAUL

Date & Time : 20/6/20 @ 7pm

**Doctor (who is taking the consent) :**

Signature : B. de

Name : Dr. Brouda

Date & Time : 19/6/26, 9pm



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. Aparna K	Date of Delivery: - 20/6/26
Assistant Surgeon: Dr. Ashwini	Time of Delivery: - 8:49 AM 30 sec
Anaesthetist's Name: ORI Vinita	Gender of Baby: - male
Type of Anaesthesia: spinal	Weight of Baby: - 2.925kg
Neonatologist: Dr. Kundana Priya	AGPAR Score: 7/10/9/10
Scrub Nurse: sis. Bhawani Meghana	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

- Elective       Emergency

Indication: ..... C.S.A.S with 37 weeks with  
 gestational hypertension  
 with steroid covered &  
 Lap. abdominal cerclage

Urgency

- Immediate Threat to life of woman or fetus  
 Maternal or fetal compromise not immediately life threatening  
 No maternal or fetal compromise but needs early delivery  
 Delivery timed to suit woman and staff

Decision time: .....      Knife to rectus: .....

CTG Description: ..... reactive

If there was a delay give the reasons: .....

Surgical Procedure: - elective LSCS

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 300ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

**Examination Findings when Appropriate:**

Presentation:  Cephalic     Breech     Other .....    Cervical Dilatation: closed ..... cm  
5th Palpable: .....    Fetal Position: .....  
Station:  -3     -2     -1     0     +1     +2    Moulding:  None     +     ++     +++  
Caput:  +     ++     +++    Meconium:  None     +     ++     +++  
Bladder Catheterized:  Yes     No    Urine:  Clear     Blood Stained

Skin Incision:  Pfannenstiel     Transverse     Midline     Other .....  
Uterine Incision:  Lower Segment     Classical     Inverted T     J Incision  
Previous Scar:  Intact     Thinned out     Ruptured     No Scar  
Incision Through Placenta:  Yes     No  
Delivery of head:  Manual     Forceps  
Liquor:  Clear     Meconium:  I     II     III     Blood     Offensive     Not Offensive  
Delivery of Placenta:  Manual     COT .....     Complete     Incomplete     Piecemeal  
Cord Appearance: ..... normal .....    Cord around the neck:  Yes     No  
Appearance of placenta: ..... Normal .....    Cavity explored:  Yes     No  
Uterus, tubes and ovaries:  Normal     Not Normal    Sterilization:  Yes     No

Uterine Closure:  One Layer     Two Layers    ..... Vicryl ..... Suture  
Peritoneal Closure:  Pelvic     Abdominal     None    ..... Catgut ..... Suture  
Sheath Closure: ..... Vicryl ..... Suture  
Fat Closure:  Yes     No    ..... Catgut ..... Suture  
Skin Closure:  Subcuticular     Mattress    ..... Monocryl 3-0 ..... Suture  
Vaginal Evacuated:  Yes     No  
Drain:  Yes     No     Remove in ..... days     Await instructions  
Catheter:  Yes     No     Remove in 12-24 hr days     Await instructions  
Swap & Instruments count correct?  Yes     No     Post-op Antibiotics     Yes     No  
Intra-Operative Antibiotics Cover:  Yes     No     Thromboprophylaxis     Yes     No

Post-Operative Notes: .....  
..... NBM x 6 hrs .....  
..... no chasting .....  
..... w/ bleeding pu .....  
..... BP chasting .....  
..... w/ firmness sign .....  
..... monitor vitals .....  
..... follow deleguat .....  
..... inform doc .....  
..... Dr. A. Shriv .....

Doctor Name: Dr. Apurva K .....    Doctor Signature: .....  
Date & Time: 20/6/26 .....

KUH-00155024 IP-00060413  
 Mrs HAJERA TARANNUM 34 Y 11 M 15 D (F)  
 04-07-1991  
 Dr. KAPPAGANTULA APARNA

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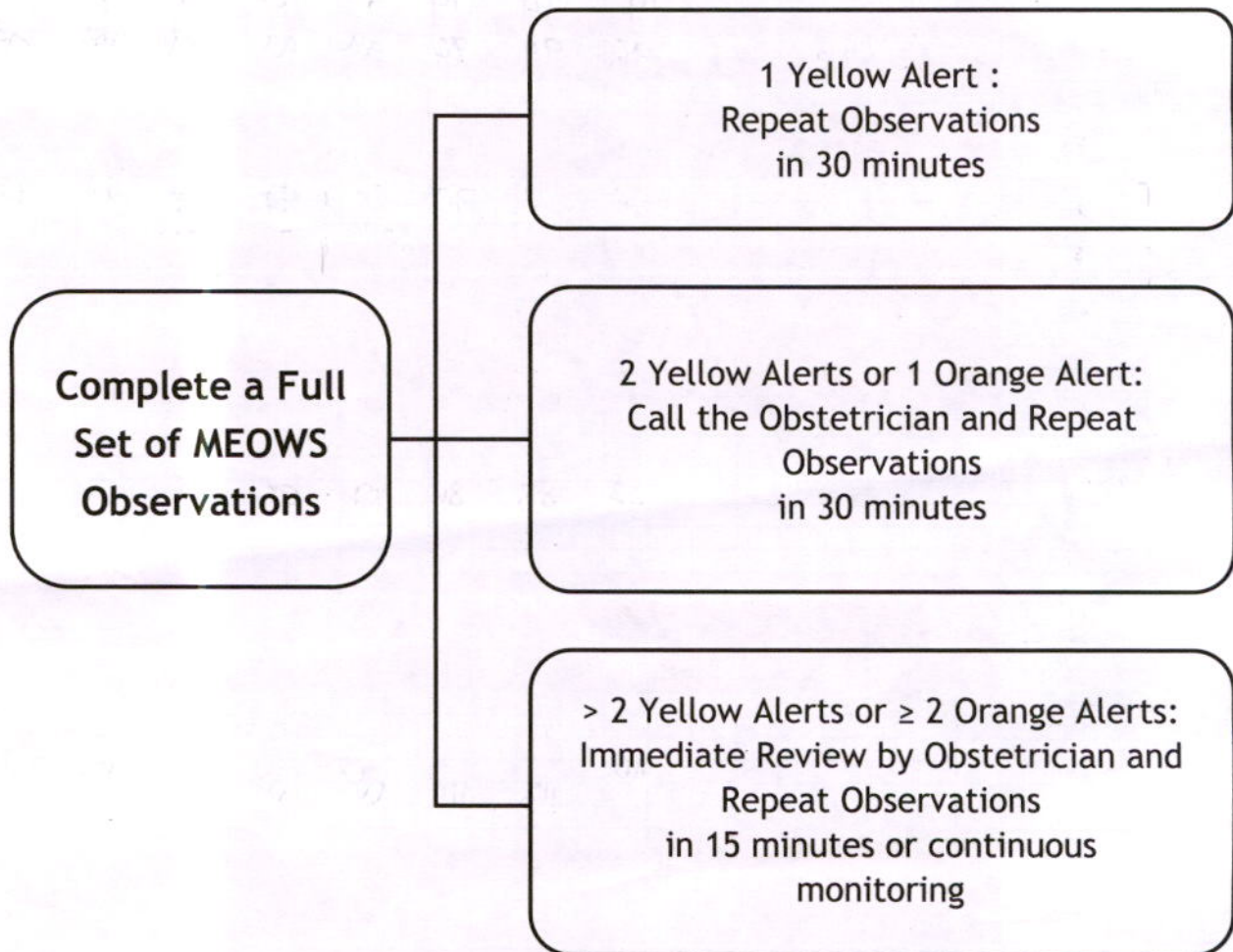


## Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date		8	9	10	11	12	1	2	3	4	5	6	7	
19/6/26														
RESP (write rate in corresp. box)	> 30													
	21 - 30													
	11 - 20								19	19	19	19	19	
	0 - 10													
Saturations	94 - 100 %								99	99	99	99	99	
	< 94 %													
Administered O <sub>2</sub> (L/min.)														
Temp °C	40													
	39													
	38													
	37													
	36								36	36	36	36	36	
	35													
	< 35													
Heart Rate	170													
	160													
	150													
	140													
	130													
	120													
	110													
	100													
	90													
	80								82	83	84	82	80	80
	70													
	60													
	40													
Systolic Blood Pressure	190													
	180													
	170													
	160													
	150													
	140													
	130													
	120													
	110													
	100													
	90													
	80													
	50													
Diastolic Blood Pressure	130													
	120													
	110													
	100													
	90													
	80													
	70													
	60													
	50													
	40													
	NEURO RESPONSE [✓]	Alert												
		Voice												
		Pain												
Unresponsive														
URINE mls / hour	> 30													
	< 30													
Proteinuria	Protein ++													
	Protein > ++													
Lochia	Normal								NA	NA	NA	W	W	
	Heavy / Foul													
Liquor	Clear / Pink								NA	NA	NA	W	W	
	Green													
TOTAL YELLOW SCORES									0	0	0	0	0	
TOTAL ORANGE SCORES									0	0	0	0	0	
Nurse Initial									SL	SL	SL	SL	SL	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

KUH-00155024 IP-00060413  
 Mrs HAJERA TARANNUM  
 04-07-1991 34 Y 11 M 16 D (F)  
 Dr. KAPPAGANTULA APARNA

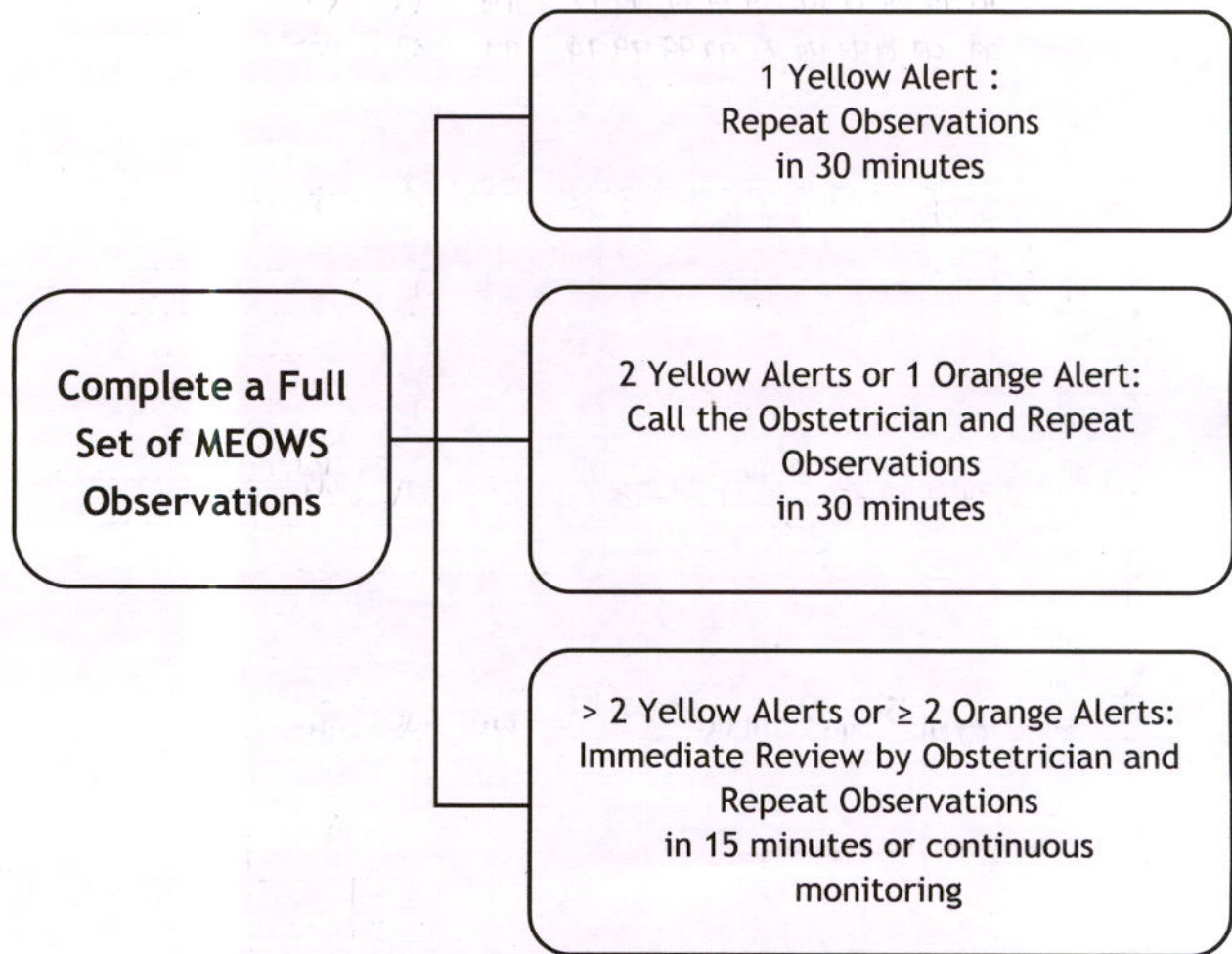


# Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date																										
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
	0 - 10																									
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																									
Administered O <sub>2</sub> (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	84	83	84	82	94	94	92	82	93	92	86	89	86	85	85	85	85	85	85	85	85	85	85	85	85
	70																									
60																										
50																										
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150	150	141	152	140	152	141	145	150	151	152	142	140	130	142	142	142	142	142	142	142	142	142	142	142	142
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
80																										
70																										
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90	90	91	90	93	101	93	83	92	84	91	80	90	80	80	80	80	80	80	80	80	80	80	80	80	80
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Voice		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pain		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Unresponsive																										
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul																									
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green																									
TOTAL YELLOW SCORES		1	1	2	1	1	1	0	2	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

KUH-00155024 IP-00060413  
 Mrs HAJERA TARANUM  
 04-07-1991 34 Y 11 M 17 D (F)  
 Dr. KAPPAQANTULA APARNA

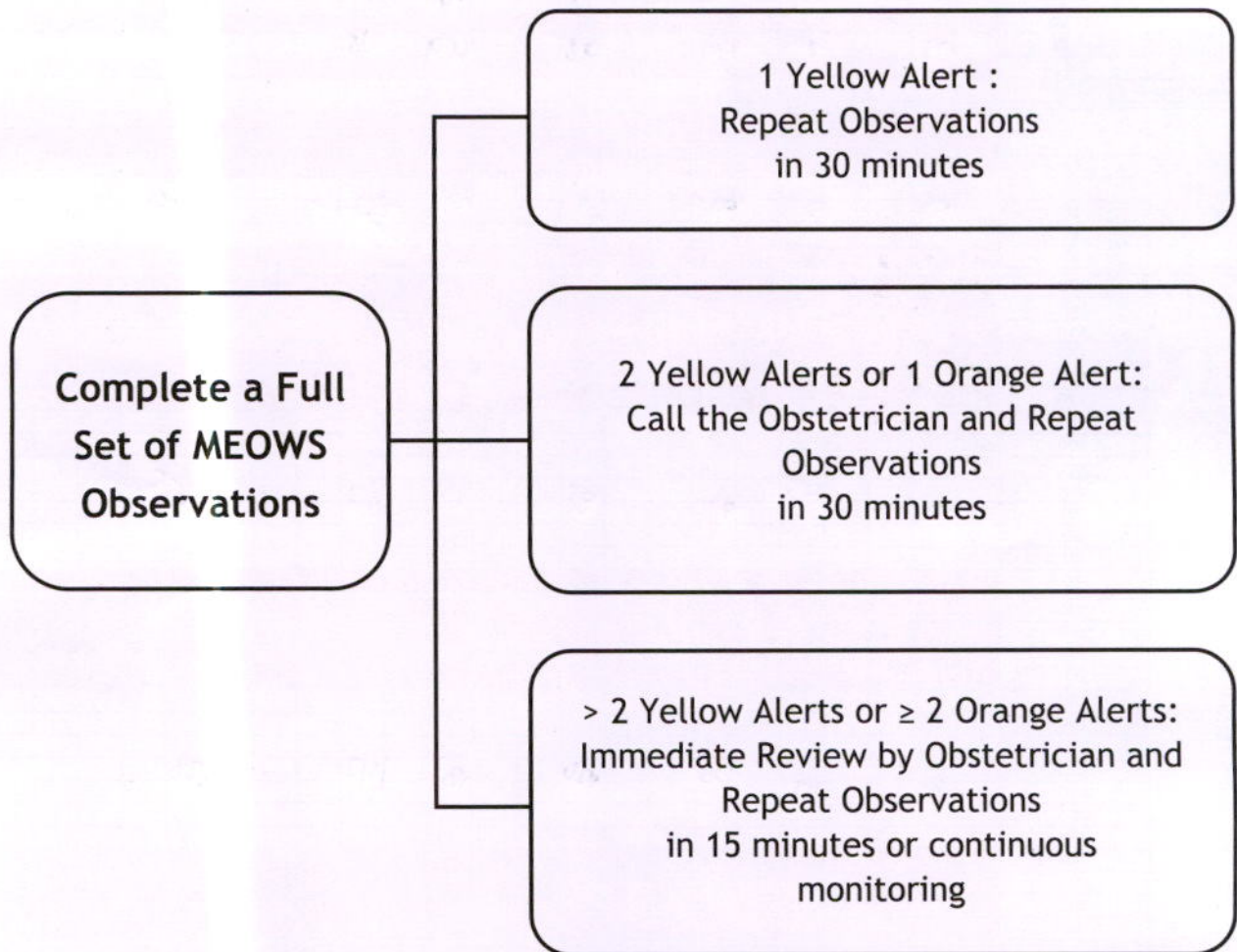


## Early warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date																							
		Time														8	9	10	11	12	1	2	3	4	5
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
60																									
50																									
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
80																									
70																									
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
	NEURO RESPONSE [✓]	Alert																							
Voice																									
Pain																									
Unresponsive																									
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

KUH-00155024 IP-00080413  
 Mrs HAJERA TARANUM  
 04-07-1991 34 Y 11 M 17 D (F)  
 Dr. KAPPAGANTULA APARNA

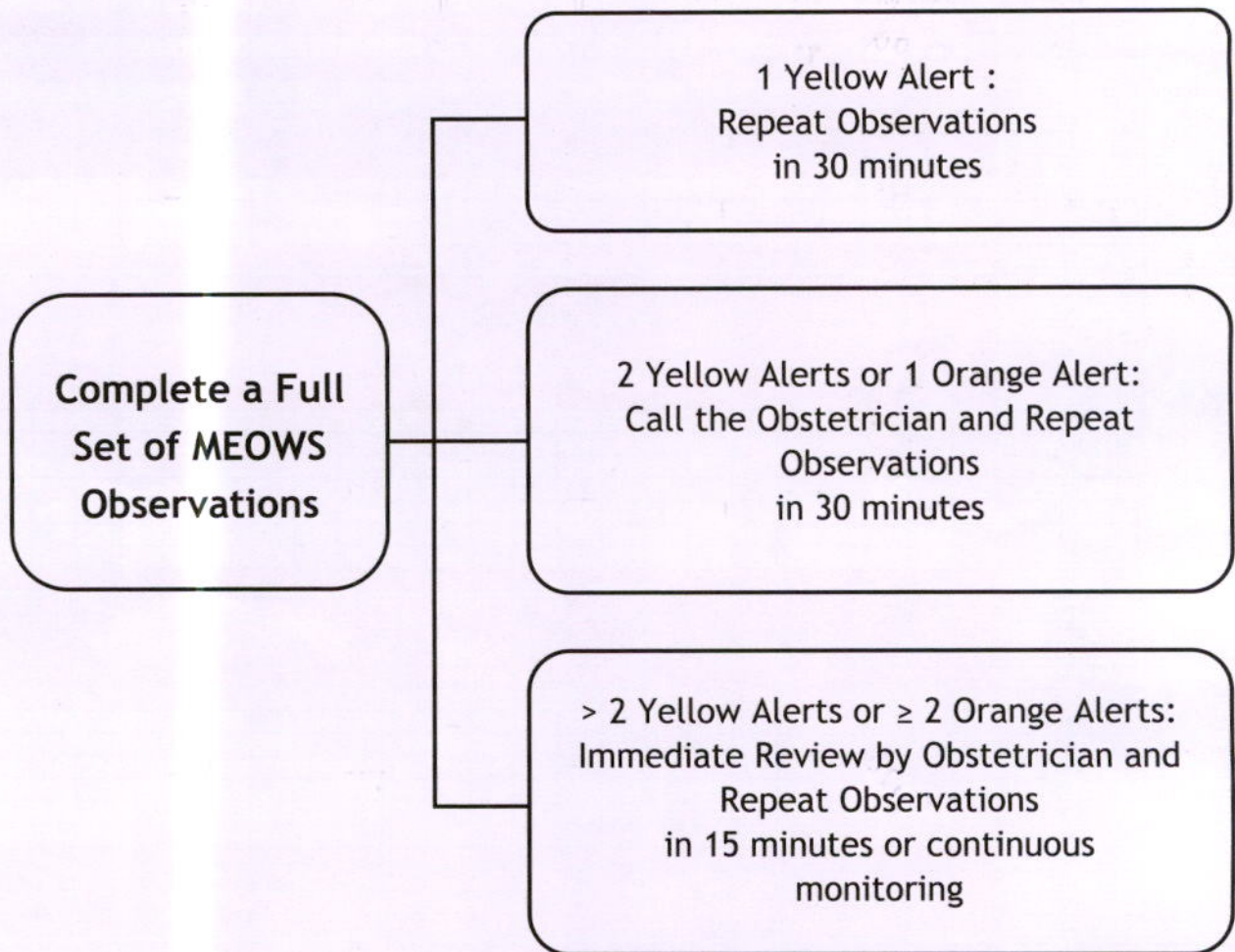


## Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date																									
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20				19																						
	0 - 10																										
Saturations	94 - 100 %			99																							
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36			36.5																							
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80			86																							
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure ↑	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110				121																						
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure ↓	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70				70																						
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert			✓																							
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30			✓																							
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal				NA																						
	Heavy / Foul																										
Liquor	Clear / Pink				NA																						
	Green																										
TOTAL YELLOW SCORES				0																							
TOTAL ORANGE SCORES																											
Nurse Initial				D																							

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

KUH-00155024 IP-00060413  
 Mrs HAJERA TARANNUM  
 04-07-1991 34 Y 11 M 15 D (F)  
 Dr. KAPPAGANTULA APARNA



# FLUID CHART

Sheet No. : ..... 0

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V								N.G
19/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
19/6/26	02:00 pm											
	03:00 pm											
	04:00 pm	H <sub>2</sub> O 100ml								0	} 19/6/26 FRM	
	05:00 pm	H <sub>2</sub> O 50ml							✓	0		
	06:00 pm	H <sub>2</sub> O 50ml								0		
	07:00 pm	H <sub>2</sub> O 100ml								0		
<b>Total Intake :</b> 300 ml					<b>Total Output :</b> passed							
08:00 pm	H <sub>2</sub> O 100ml								✓	0		
09:00 pm	H <sub>2</sub> O 100ml								✓	0		
10:00 pm	H <sub>2</sub> O 100ml								✓	0		
11:00 pm	H <sub>2</sub> O 100ml								✓	0		
12:00 am	H <sub>2</sub> O 100ml								✓	0		
01:00 am	H <sub>2</sub> O 50ml								✓	0		
<b>Total Intake :</b> 550 ml					<b>Total Output :</b> passed							
20/6/26	02:00 am	R1-100ml NB								✓	0	
	03:00 am	R1-100ml NB								✓	0	
	04:00 am	R1-100ml NB								✓	0	
	05:00 am	R1-100ml NB								✓	0	
	06:00 am	R1-100ml NB								✓	0	
	07:00 am	R1-100ml NB								✓	0	
<b>Total Intake :</b> 600 ml					<b>Total Output :</b> passed							
<b>Total 24 hrs. Intake</b>		1450 ml			<b>Total 24 hrs. Output</b>		passed					

# FLUID CHART

Sheet No. : 2

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
20/6/26	08:00 am	NBM + RL 100ml/hr									0	Jella 20/6/26
	09:00 am	NBM + RL 100ml/hr									0	
	10:00 am	NBM + RL 100ml							400ml		0	
	11:00 am	NBM + RL 100ml							100ml		0	
	12:00 pm	NBM + RL 100ml							100ml		0	
	01:00 pm	NBM + RL 100ml							100ml		0	
<b>Total Intake :</b>			1000ml			<b>Total Output :</b>					700ml	
20/6/26	02:00 pm	NBM + RL 100ml							600ml		0	Jella 20/6/26
	03:00 pm	H <sub>2</sub> O 50ml							50ml		0	
	04:00 pm	H <sub>2</sub> O 100ml + 250 100ml							50ml		0	
	05:00 pm	H <sub>2</sub> O 50ml							50ml		0	
	06:00 pm	H <sub>2</sub> O + 50ml							50ml		0	
	07:00 pm	H <sub>2</sub> O + 50ml + r							50ml		0	
<b>Total Intake :</b>			400ml			<b>Total Output :</b>					350ml	
20/6/26	08:00 pm	H <sub>2</sub> O 100ml							50ml		0	Jella 20/6/26
	09:00 pm	H <sub>2</sub> O 100ml							50ml		0	
	10:00 pm	H <sub>2</sub> O 100ml							100ml		0	
	11:00 pm								100ml		0	
	12:00 am								100ml		0	
	01:00 am								100ml		0	
<b>Total Intake :</b>						<b>Total Output :</b>					500ml	
21/6/26	02:00 am	Dilg							50ml		0	Jella 21/6/26 @ 8am
	03:00 am	+ H <sub>2</sub> O							50ml		0	
	04:00 am								100ml		0	
	05:00 am								100ml		0	
	06:00 am								50ml		0	
	07:00 am	H <sub>2</sub> O							100ml		0	
<b>Total Intake :</b>						<b>Total Output :</b>					500ml	

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 2500ml



**FLUID CHART**

Sheet No. : ..... (3) .....

21/6/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
21/6/26	08:00 am											Deepika 21/6/26 @ 8pm
	09:00 am	Jelly							✓			
	10:00 am											
	11:00 am											
	12:00 pm	Brc										
	01:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
21/6/26	02:00 pm											Deepika 21/6/26 @ 8pm
	03:00 pm	Water							✓			
	04:00 pm											
	05:00 pm											
	06:00 pm									✓		
	07:00 pm	Water										
<b>Total Intake :</b>					<b>Total Output :</b>							
21/6/26	08:00 pm											Deepika 21/6/26 @ 8pm
	09:00 pm	Water										
	10:00 pm											
	11:00 pm						✓		✓			
	12:00 am	Water										
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
22/6/26	02:00 am	Water										Deepika 21/6/26 @ 8pm
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am	Water										
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

KUH-00155024 IP-00080413  
 Mrs HAJERA TARANUM  
 04-07-1991 34 Y 11 M 17 D (F)  
 Dr. KAPPAQANTULA APARNA



# FLUID CHART

Sheet No. : ..... 4.....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
22/6	08:00 am											} Padma 22/6/26 @	
	09:00 am												
	10:00 am								✓				
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



## MEDICATION RECONCILIATION FORM

Drug Allergies: .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... LW ..... Shifted to: ..... OT .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. NIFEDIPINE SUSTAINED RELEASE	10 MG	PO	8TH HOURLY	19/6 70 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	CAP. PROGESTERONE	200 MG	PO	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. DYDROGESTERONE	10 MG	PO	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. IRON	1 TAB	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	TAB. CALCIUM	1 TAB	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
6	TAB. FOLIC ACID	1 TAB	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... DR. NEKHITA .....

Date & Time : ..... 19/6/2026 3:40 pm. .....

Nurse Name & Signature: K. Subhavi & .....

Date & Time : 19/6/26 at 3:40 pm .....

KUH-00155024 IP-00060413  
 Mrs HAJERA TARANNUM  
 04-07-1991 34 Y 11 M 17 D (F)  
 Dr. KAPPAGANTULA APARNA



## MEDICATION RECONCILIATION FORM

Drug Allergies: None  Not known any Drug Allergies

**Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.**  
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ICU Shifted to: 203

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB NIFEDIPINE SUSTAIN RELEASE	20mg	PO	THREE DAILY	20/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ CEFOTAXIME	1GM	IV	12TH HOURLY	20/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	SUPPOSITORY PARA CETAMOL	200 mg	PR	12TH HOURLY	20/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	SUPPOSITORY DICLOFENAC	100mg	PR	12TH HOURLY	HOLD	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB PANTOPRAZOLE	40mg	PO	ONCE DAILY	20/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INJ AMIKACIN	750mg	IV	ONCE DAILY	20/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	INJ TRAMADOL	100 mg	IV	12TH HOURLY	20/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

**MEDICATION HISTORY RECORDED / VERIFIED BY**

Doctor Name & Signature: Dr. Aparna

Date & Time: 20/6/26 9:10 pm

Nurse Name & Signature: S. Rani

Date & Time: 20/6/26 9:10 pm

Patient Name : <u>m</u>	I.P. No.	Sheet No.	Wards	Weight (kg)
-------------------------	----------	-----------	-------	-------------

REGULAR PRESCRIPTIONS

DRUG : TAB. TRAMADOL				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
100 mg	PO	Q-4H	20/06																
Name & Signature of the Doctor starting the Drugs:				STOP Dr Ashwin 20/6															
Dr. M. VIJAYETHA																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : INJ CEROTAXONE				Date	20/6	21/6													
				Time	8 AM	10 AM													
Dose	Route	Frequency	Start Dt.																
1um	IV	BD	20/6																
Name & Signature of the Doctor starting the Drugs:				STOP DR. NAUSHEN															
Dr. Ashwin																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB.				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:				STOP Dr Ashwin															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : SUPPOSITORY PARACETAMOL				Date	20/6	21/6													
				Time	12 PM	1 PM													
Dose	Route	Frequency	Start Dt.																
250mg	PR	12PM NOVELY	20/6																
Name & Signature of the Doctor starting the Drugs:				STOP DR. NAUSHEN															
Dr. Ashwin																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			



Ch KUH-00155024 IP-00060413  
 Ho Mrs HAJERA TARANNUM  
 It takes 04-07-1991 34 Y 11 M 17 D (F)  
 Pa Dr. KAPPAGANTULA APARNA



I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG : <b>DIclofEnAC SUP</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:				<del>STOP Dr. Ashwin</del>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <b>INJ TRAMADOL</b>				Date	20/6	21/6													
				Time	AM	PM													
Dose	Route	Frequency	Start Dt.																
100 MU	IV	TWICE DAILY	20/6																
Name & Signature of the Doctor starting the Drugs:				<del>STOP Dr. Ashwin</del>															
Additional Instructions:																			
IN 100ML NORMAL SALINE																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <b>INJ AMIKACIN</b>				Date	20/6	21/6													
				Time	AM	PM													
Dose	Route	Frequency	Start Dt.																
750 MU	IV	ONCE DAILY	20/6																
Name & Signature of the Doctor starting the Drugs:				<del>STOP Dr. Ashwin</del>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <b>T. PANTOPRAZOLE</b>				Date	21/6	22/6													
				Time	AM	PM													
Dose	Route	Frequency	Start Dt.																
40mg	PO	ONCE DAILY	20/6																
Name & Signature of the Doctor starting the Drugs:				<del>STOP Dr. Ashwin</del>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

Patient	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG : TAB LABETALOL				Date	20/6														
				Time	10 AM														
Dose	Route	Frequency	Start Dt.																
100mg	PO	12TH HOURLY	20/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB NITROGLICERIN				Date	21/6														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
20mg	PO	8TH HOURLY	20/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. PARACETAMOL				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
650mg	PO	12TH HOURLY	21/6/26																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. PARACETAMOL				Date	21/6														
				Time	12 PM														
Dose	Route	Frequency	Start Dt.																
650mg	PO	12TH HOURLY	21/6/26																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

Chitra 20/6/26

Chitra 21/6/26

STOP D. FANER

STOP

CHITRA



KUH-00155024 IP-00060413  
Mrs HAJERA TARANNUM  
04-07-1991 34 Y 11 M 17 D (F)  
Dr. KAPPAQANTULA APARNA



I.P. No. Sheet No. Wards Weight (kg)

REGULAR PRESCRIPTIONS

Chart 21/6/26

<b>DRUG : T. CEFUROXIME</b>				Date	21/6	22/6														
				Time	10 AM	10 AM														
Dose	Route	Frequency	Start Dt.																	
500mg	PO	12th Hourly	21/6/26																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:				10 pm																
T. CEFUM																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				





I.V. FLUIDS CHART

Weight. 85.35<sup>kg</sup> Ward. *W*

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/6/26	1 AM	RINGER LACTATE	IV	100 ml hr	H	<del>MA</del> P	20/6	P	<del>MA</del>
20/6/26	8:15 AM	RINGER LACTATE	IV	100 ml hr 900ml/hr	H	P <del>MA</del>	20/6	H	Ms Rakesh
20/6	9:00 AM	RINGER LACTATE	IV	900ml/hr	H	Ms Rakesh	20/6	H	Ms Rakesh
20/6	9:30 AM	RINGER LACTATE	IV	900ml/hr	H	Ms Rakesh	20/6	H	H tan
20/6	4:00 PM	DEXTRASE INJECTION 25 %	IV	100ML HR	H	H Ravi	20/6	H	H Ravi

Signature  
VERIFIED BY: Name

KUH-00155024 IP-00080413  
 Mrs HAJERA TARANUM  
 04-07-1991 34 Y 11 M 17 D (F)  
 Dr. KAPPAQANTULA APARNA



Weight: 85 - 30kg Ward: .....

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.	
					Dose
DRUG :					
Route	Start Date				
Name & Signature of the Doctor					
Additional Instructions:					

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.	
					Dose
VARIABLE DOSE					
DRUG :					
Route	Start Date				
Name & Signature of the Doctor					
Additional Instructions:					

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/6	7:40 AM	INTJ (CAOTAXIME AFTER TEST DOSE)	1cm	IV	H	R
20/6	7:30 AM	INTJ PANTOPRAZOLE	40 mg	IV	H	R
20/6	7:30 AM	INTJ METOLO PRAMIPE	10mg	IV	H	R
20/6	8:50 AM	INTJ CARBETOCIN	100 mcg	IV	B	Megha Rakesh
20/6	8:52 AM	INTJ-TRAMADOL AND	100mg	IV	B	Megha Rakesh
20/6	9:35 AM	SUPP-TRAMADOL	100 mg	PR	B	Megha Rakesh
20/6	9:05 AM	T. MISOPROSTOL	400 mcg	SL	H	Rakesh Megha
20/6	9:35 AM	T. MISOPROSTOL	600 mcg	PR	H	Rakesh Megha
20/6	9:50 PM	TAB NIFEDIPINE SUSTAIN RELEASE	10 MG	PO	F	Syeda Deepika

22/6/20 12pm SUPPOSITORY BISA CODYL 20mg PR Y Page: 3/4 R (PT.O)

Signature  
Verified By Name

Rakesh  
Megha  
Syeda  
Deepika



REGULAR PRESCRIPTIONS

Weight: 85.35kg Ward: C/w

Dr. Aparna

DRUG : T. NIFEDIPINE SUSTAINED RELEASE				Date/Time
Dose	Route	Frequency	Start Date	19/6/2016
10MG	PO	8th hly	19/6	8 AM
Name & Signature of the Doctor Starting the Drugs:				
Dr. Geeshma				2 PM
Additional Instructions:				8 AM
				8 PM
Daily Doctor's Endorsement by a Sign				

STOP Dr. Aparna

DRUG : T. HYDROGESTERONE				Date/Time
Dose	Route	Frequency	Start Date	9 AM
10MG	PO	12th hly	19/6	9 AM
Name & Signature of the Doctor Starting the Drugs:				
Dr. Geeshma				
Additional Instructions:				9 PM
Daily Doctor's Endorsement by a Sign				

STOP Dr. Ashu 2016

DRUG : CAP. PROGESTERONE				Date/Time
Dose	Route	Frequency	Start Date	7 AM
200MG	PO	12th hly	19/6	7 AM
Name & Signature of the Doctor Starting the Drugs:				
Dr. Geeshma				
Additional Instructions:				7 PM
Daily Doctor's Endorsement by a Sign				

STOP Dr. Ashu 2016

DRUG : TAB. PARACETAMOL				Date/Time
Dose	Route	Frequency	Start Date	20/6
1gm	PO	6 HLY	20/6	
Name & Signature of the Doctor Starting the Drugs:				
Dr. M. VINETHA				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

STOP Dr. Ashu 2016